

"FEE ADDRESS" INDICATION FORM

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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:

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Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,629,343	10/509,732

(check one)

- | | |
|---|------------------------------|
| <input type="checkbox"/> Applicant/Inventor | <hr/> <hr/> |
| <input checked="" type="checkbox"/> Attorney or Agent of record | 36,663 |
| | (Reg. No.) |
| <input type="checkbox"/> Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96) | <hr/> <hr/> |
| | 703-816-4091 |
| | Requester's telephone number |
| <input type="checkbox"/> Assignment recorded at Reel | Frame |
| | June 8, 2010 |
| | Date |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

*Total of 1 form/s are submitted.